



Utah State Hospital

Post-Doctoral Fellowship Program in Clinical Psychology



**UTAH STATE HOSPITAL
1300 EAST CENTER STREET
PROVO, UTAH 84603**

WWW.USH.UTAH.GOV/PSYCHOLOGYSERVICES.HTM

Table of Contents

Letter from Training Director	2
The Utah State Hospital	3
Location	3
The Historical Hospital	3
The Modern Hospital	4
Map of the Hospital Campus	4
Hospital Units	5
The Fellowship Program in Clinical Psychology	6
Mission Statement	6
Training Philosophy	6
Training Model and Goals	6
The Program Structure	7
Mandatory Psychotherapy Component	9
Fellowship Didactic and Training Seminars	9
Research	10
Supervision	10
Evaluation	11
Competency Development	11
Statement of Diversity	12
Fellowship Stipend	13
Fellowship Membership Status	13
Fellowship Faculty	13
Psychology Department Faculty	14
Appendix (Policies)	17
Grievance Policy	18
Nepotism Policy	25
Time Away From Training Policy	26

It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. Information in this brochure, including clinical rotations available, is provided as a general guide, and is subject to change without notice.

Dear Postdoctoral Applicant,

Thank you for considering the Psychology Fellowship Training Program at Utah State Hospital (USH). The Postdoctoral Fellowship program at USH provides comprehensive clinical training, with a primary focus is the treatment of persons who are identified as severely and persistently mentally ill (SPMI), which includes individuals with severe Cluster B personality disorders.

The USH psychology staff consists of ten full time licensed psychologists, all of whom are committed to providing quality clinical care, training and supervision. Additional affiliated psychologists from the community are also on the professional staff and provide didactic training opportunities.

The Psychology Fellowship Program at USH is a well-developed training site which offers two full-time postdoctoral fellowship positions. Fellows function as a psychologist assigned to a specific patient care unit. The fellow will be an important as part of the unit's multidisciplinary team. Of course, all fellow are provided with supervised clinical experiences with a vast array of psychiatric disorders. The fellowship program provides training in treatment modalities and various assessment techniques, knowledge of the hospital's practice of psychology, as well as exposure to matters of professional practice. The breadth and depth of clinical experience combined with our training seminars/activities, and quality supervision creates a unique and excellent training experience, with the goal of enhancing fellows' ability to function as a professional psychologist in a variety of settings.

Applicants must meet the following eligibility requirements for the postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA-accredited doctoral program before the fellowship start date.
2. Completion of an APA-accredited psychology internship program before the fellowship start date.

I appreciate your interest in our Psychology Postdoctoral Program and hope that you will seriously consider continuing your professional training Utah State Hospital. Minority and culturally diverse applicants are encouraged to apply.

I look forward to receiving your application. If I can provide additional information, please do not hesitate to contact me directly.

Sincerely,

Ted R. Barratt, Ph.D.
Psychology Training Director
Utah State Hospital

THE UTAH STATE HOSPITAL

LOCATION

Located in Provo, Utah, the UTAH STATE HOSPITAL (USH) is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot *Mount Timpanogos* and is bounded on the west by the freshwater *Utah Lake*. The Hospital campus is a focal point of Provo, a city of 120,000, and Utah County, with 368,000 residents. Provo, Utah has been ranked by *Money Magazine* as the best place to live in the U.S. This rating was based on a consideration of health facilities, crime rate, the local economy, housing, education, transportation, weather, leisure, and the arts in the Provo area. Provo has continued to place in *Money Magazine's* top 50 most livable cities in the U.S. *Woods and Pool Economics* (2006) declared Provo, Utah "one of the nation's most intelligent work forces." Among the outstanding qualities of the Provo work force are foreign language ability, experience, higher education levels, and a strong work ethic. Nearby colleges include the *University of Utah*, *Brigham Young University*, *Utah State University* and *Utah Valley University*.

Surrounding Provo to the north, south and east are spectacular scenic areas, including five national parks. Forty-five miles to the north is Salt Lake City, with a metropolitan area of about one million residents. Despite the urban and suburban quality of Salt Lake and Utah Counties, the mountains immediately adjoining both counties boast four wilderness areas. Outdoor recreation, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing, are available within a five to 30 minute drive from USH. The world renowned *Sundance Resort* that hosts Robert Redford's annual film festival, outdoor theater and ski resort is within a 15 minute drive from the hospital. Many other recreational and cultural activities can be found in Provo, Utah County, and in the Salt Lake City area including theater, symphony, ballet, opera and professional sports.

THE HISTORIC HOSPITAL

The Utah State Hospital has a long and stable history providing treatment to the severely mentally ill. It began as the *Territorial Insane Asylum* in 1885, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the Hospital patient population exceeded 1,500.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

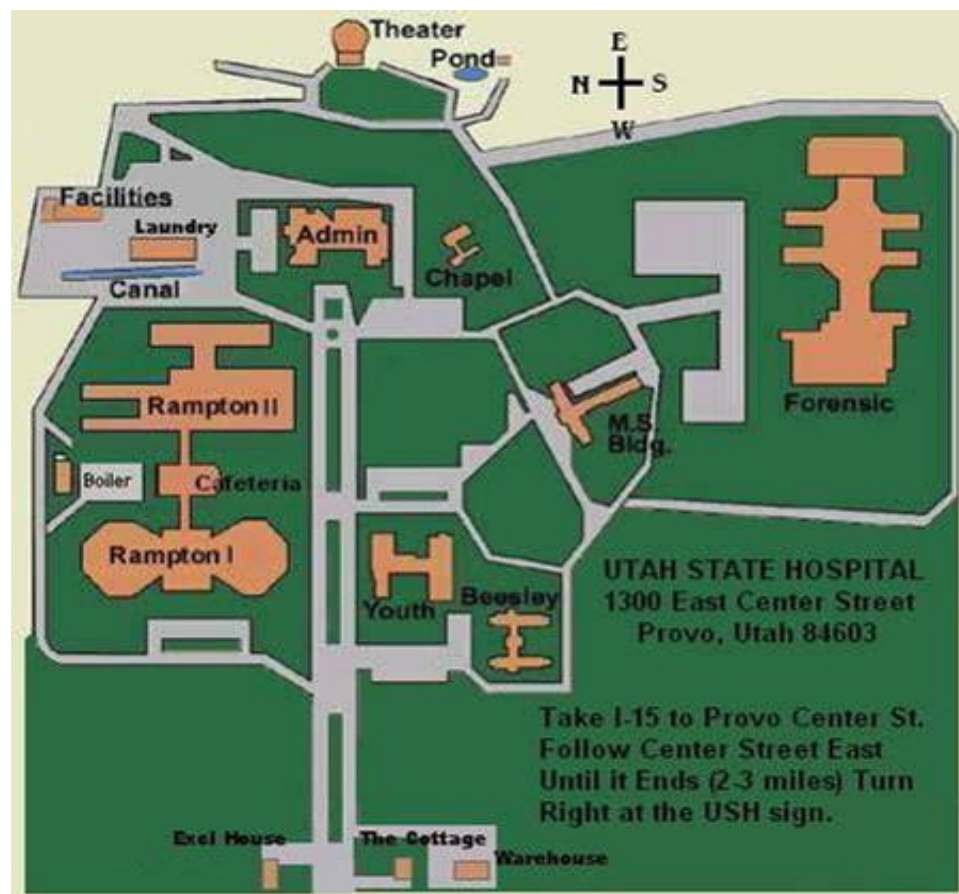
Over the years, tremendous advances in the mental health field have changed the role of the Hospital to one of very active treatment and rehabilitation. Today, USH is a thriving teaching facility and the only secure intermediate psychiatric treatment facility in the state of Utah that provides long-term treatment and care for the severely mentally ill (SMI). Evidence-based treatments, rehabilitation and the movement toward deinstitutionalization and use of community mental health centers have decreased the USH patient population to its present size.

THE MODERN HOSPITAL

Today the Utah State Hospital is an intermediate psychiatric facility, licensed to provide psychiatric treatment services for 359 patients, most of who experience severe mental illness. The Hospital serves people from all geographic areas of the state, ranging in age from five years old on up through elderly adults. The Hospital receives patients from 11 community mental health centers, as part of their continuum of care, and from the Utah criminal justice system. Adult and pediatric beds are allocated to the mental health centers based on population.

The present facility consists of 15 buildings with approximately 370,000 square feet of space, spread over a 300-acre campus. Patients and the facilities are cared for by approximately 700 staff members. Indoor recreational facilities, including two gymnasiums, a swimming pool and workout rooms, as well as three cafeterias are available to staff.

The Utah State Hospital is accredited by The Joint Commission and Centers for Medicare and Medicaid Services, which affirms that the Hospital has achieved national standards in the delivery of mental health care services. These accreditations represent a hospital-wide commitment to quality health care for the mentally ill.



MODERN HOSPITAL UNITS

The **CHILDREN'S UNIT** has 22 beds available to boys and girls ages 5 to 13 years, and is located on the second floor of the Medical Services Building. The **ADOLESCENT UNIT** has the capacity to serve 50 male and female youth, ages 13 through 17 years, and is housed in the Rampton I (Girl's Youth) and the Rampton II Building (Boy's Youth).

On both the **CHILD** and **ADOLESCENT UNITS** an individualized treatment approach is used to meet the needs of patients, which utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family and play therapy, as well as therapeutic milieu. Specialized services include groups for conduct management, emotional regulation, and recreational therapy. Participation in a wide variety of activities such as skiing, camping and river rafting, helps youth increase self-esteem, learn impulse control, and develop social skills. Family involvement is important in the progress of the children's and youth treatment programs. The Hospital involves families by conducting the Pediatric Services Family Program which includes family therapy, family support, and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

The Rampton I Building houses two adult treatment units—**NORTHWEST**, and **NORTHEAST**. Each of these units has the capacity to care for approximately 30 patients. Each unit also utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, an exercise room, a piano room, a craft room, and day rooms containing televisions and stereos. These units provide a bright and open atmosphere conducive to the Adult Services goal of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients in reaching their recovery potential, with an aim of helping patients return to the community. A high value is placed on meeting the needs of each patient in a caring and professional manner. The **Recovery Skills Center** (AKA *Treatment Mall*) is a centralized treatment mall located within the Rampton I Building where groups for adult patients are provided by various disciplines.

The Rampton II Building, which opened in 2003, consists of the east end of the Lucy Beth Rampton Complex, and is connected to the Rampton I Building by an indoor corridor. In addition to housing adolescent male patients (as mentioned above), Rampton II accommodates two traditional adult units with approximately 30 beds known as **SOUTHEAST** and **MOUNTAIN VIEW**. The **LEGACY UNIT** is also housed within the Rampton II Building, and has 30 beds intended for older men and women, many of whom have dementia, chronic mental illness, and complicating medical conditions. While the Unit's goal is the same as that for all patients at the Utah State Hospital, that of returning them to the community, the treatment approach for these patients takes into account special needs and limitations posed by advanced age and related physical problems. Patients with organic disorders are encouraged to do as much as possible for themselves, as are the chronically mentally ill. They are encouraged to maximally care for their personal needs, and remain as active as possible. Patients without serious levels of dementia are extensively involved in group, family and individual therapy. Special emphasis is placed on providing a wide variety of small groups that encourage exercise, stimulate mental activity, and promote social skill development and retention.

The Forensic Building is a secure facility comprised of four units totaling 100 beds, and is located in the southeast corner of the USH campus. This facility opened in 1999, and serves male forensic patients on **FORENSIC UNIT 1**, **FORENSIC UNIT 2**, and **FORENSIC UNIT 4**; the only coed unit for forensic patients is **FORENSIC UNIT 3**. Treatment includes a combination of pharmacotherapy; individual, group, and family psychotherapy; work opportunities; physical therapy; and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Treatment goals for forensic patients typically include facilitating competency restoration, and preparing patients for court hearings, while simultaneously offering treatment to address psychiatric illnesses.

THE FELLOWSHIP PROGRAM IN CLINICAL PSYCHOLOGY

MISSION STATEMENT

The mission of the Utah State Hospital Psychology Fellowship is to provide superior preparation for clinical independence, incorporating the highest standard of empirically-based practices through comprehensive, graduated supervised experiences.

TRAINING PHILOSOPHY

The Postdoctoral Fellowship ascribes to the practitioner-scholar model of training. As such, the goal of the fellowship program is to train psychologists to function in an informed, competent, independent, and ethical manner across a wide range of health care settings. The fellowship program is structured to allow for both breadth and depth of clinical experiences, as well as exposure to a variety of intervention approaches and professional issues. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment. Fellows are here for training and professional development. Consequently, didactics, training seminars, and any other educational activities take priority in a fellow's schedule.

The Fellowship Program training philosophy is based on an integration of experiential, theoretical, and empirical knowledge. Fellows are provided a venue in which clinical experience, didactic training, and ongoing research components integrate to produce state-of-the-art, individualized, and sensitive patient care. The program provides sequential training in clinical psychology including a year-long mandatory group and individual therapy component. Training objectives include the following:

- acquiring experience and knowledge of psychology as a theoretical, empirical, and applied discipline;
- becoming proficient in the assessment and treatment of those with severe mental illness;
- developing an awareness of cultural and individual diversity issues relevant to clinical practice;
- learning to think and act in a manner consistent with ethical practice and professional integrity;
- becoming socialized in the role of psychologist and developing a professional identity; and
- reviewing professional literature and/or helping to conduct small- or large-scale research to answer clinical questions pertaining to groups or individuals.

TRAINING MODEL AND GOALS

The Fellowship Program in Clinical Psychology is a formal training program with the intent of providing additional training and experience in Clinical Psychology with in a long-term inpatient psychiatric setting. Our training model is defined as being “practitioner-scholar” in nature, and the primary method of training is experiential. Fellows are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the fellow's demonstrated comfort and competency. The Fellowship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. The mandatory therapy component is designed to span the entire Fellowship year, providing the opportunity to engaged in psychotherapy and observe patient progress for an extend period. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The Fellow is expected to apply graduate and internship training to “real world” clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Thus, as Fellows progress through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital’s mission of providing excellent inpatient psychiatric care.

FELLOWSHIP OBJECTIVES AND GOALS

The clinical psychology postdoctoral fellowship provides advanced interdisciplinary education and training within an inpatient mental health setting with the goal of training future psychologists who are capable of providing the next generation of competent psychological services within a variety of settings. Within this goal, there are several training objectives:

1. Assessment

Fellows understand, select, implement, interpret, and integrate effective methods of assessment. Clinical assessments are generally complex due to multiple diagnoses, mixed etiologies, and co-morbid medical conditions. The Fellow will learn to address a variety of referral questions typically encountered in adult inpatient psychological assessments, such as questions regarding diagnosis, cognitive functioning, adaptive behavior, treatment recommendations, and prognosis.

2. Intervention

Fellows implement effective, evidence-based psychological interventions in group and individual therapy within the framework of an interdisciplinary team. Additionally, the Fellow will develop and implement individualized behavioral management plans.

3. Supervision and Consultation

Fellows develop and deepen their skills in receiving and giving supervision, and providing consultation to an interdisciplinary team as well as individuals from a variety of disciplines.

4. Scholarly Inquiry

Fellows demonstrate the ability to access and understand research. Fellows will share their knowledge by conducting professional presentations for psychology interns, psychology department staff, and other members of the Utah State Hospital healthcare community.

5. Administrative Abilities

Fellows demonstrate understanding of the organization and mission of psychology within Utah State Hospital and the State of Utah Department of Human Services. They further exhibit organization, management, and administration skills pertinent to psychological service delivery, training, and research.

6. Individual and Cultural Diversity

Fellows demonstrate awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

7. Professionalism

Fellows demonstrate awareness of their identity as developing psychologists to include professional demeanor, self-regulation, integrity, accountability, and adherence to professional conduct, ethics and law, and other standards for providers of psychological services.

THE PROGRAM STRUCTURE

The Fellowship Program in Clinical Psychology accepts individuals from APA accredited clinical and/or counseling psychology training programs. Prior to starting the Fellowship year (the first week of September), prospective Fellows should have completed all requirements for the doctoral degree, including dissertation and APA accredited internship. In Utah, a “Certified Psychology Resident” license is required; you must apply through Utah Division of Professional Licensing (http://dopl.utah.gov/apps/Certified_Psychologist_Residents.pdf).

During the first week of the Fellowship, decisions regarding appropriate experience are made by the Fellows and psychology supervisor, in consultation with the Director of Training. Experiences will be determined based on areas of emphasis defined by the Fellow's interest and professional goals, while considering staffing logistics and trying to equitably balance other goals. There are many clinical experiences, such as providing outcome assessment with the Brief Psychiatric Rating Scale. Fellowship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation.

GRADUATED AND SEQUENTIAL NATURE OF TRAINING

Throughout the year, Fellow responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, Fellows spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the Fellow assists the supervisor or works under supervisory observation. Later, Fellows perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the Fellowship experience is designed to help Fellows become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence.

FELLOWSHIP TRAINING EXPERIENCES

The fellowship emphasis area is in clinical psychology within an inpatient psychiatric setting. The fellowship provided the opportunity to develop advanced skills in working with individual with serious and persistent mental illnesses. Fellows will be assigned to an adult clinical commitment unit. The fellow will act as a consultant and unit psychologist to the treatment team. Each adult unit consist of a psychiatrist, medical provider (physician or physician's assistant), unit nurse manager, unit administrator, two social workers, two recreational therapist, nursing staff and support staff. All treatment teams are supported by consultants from other disciplines including pharmacists, nutritionists, and occupational therapists. The fellow will partner with treatment team to address the patient's needs through a collaborative approach with shared decision-making. Fellows will provide therapeutic interventions, conduct diagnostic assessment, facilitate (co-facilitate) group therapy interventions, and provide training and consultation. As noted above, fellows will work with postdoctoral training staff to customize a training year to meet their individual needs, preferences, and abilities.

Fellows will be exposed to persons with a wide range of Axis I and Axis II pathology. Clinical assessments are generally complex due to multiple diagnoses, mixed etiologies, and co-morbid medical conditions. Training goals for the rotation include the following:

- Consistently and adequately obtaining informed consent and establishing rapport with patients;
- Carefully reviewing the patients' clinical and developmental history;
- Selecting psychological measures that are appropriate for the patient and adequately assist in answering the specific referral question(s);
- Accurately scoring and interpreting test results;

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

- Conducting thorough diagnostic interviews;
- Attentively observing patient behaviors and accurately assessing mental status;
- Writing with clarity and precision;
- Thoughtfully integrating test results with other clinical data to formulate accurate diagnoses and offer recommendations appropriate to the patient and setting;
- Collaborating and communicating with multidisciplinary teams effectively; and
- Becoming proficient in the development and implementation of behavior management plans

MANDATORY PSYCHOTHERAPY COMPONENT

Throughout the Fellowship year, all Fellows will carry a caseload of minimum of two (2) long-term individual patients, in addition to running or co-facilitating three (3) therapy groups. It is expected that Dialectical Behavior Therapy (DBT) will be used with one of the individual psychotherapy cases. Groups with which Fellows can be involved may vary depending on the needs of our patients; however, recent groups offered to patients have included the following: an Anger Management group, a Depression Management group, a Dialectical Behavior Therapy group, an Illness Management and Recovery group, a Men's Substance Abuse/Dependence process group, and a "Seeking Safety" group for individuals who have experienced trauma. Training goals for the Psychotherapy Component include the following:

- conducting individual psychotherapy appropriate to the patient's level of functioning and therapeutic needs, within an evidence-based theoretical framework;
- enhancing psychotherapy skills while providing evidence-based treatment, engaging in effective treatment planning, and developing accurate and thorough case conceptualizations;
- establishing ground rules for various types of group treatment;
- becoming familiar with the role of the group leader and the level of structure needed based upon the specific type of group, the demographics of the patients within the group, the time constraints of the group, and other variables;
- finding a balance between appropriately challenging patients and showing warmth, offering and facilitating feedback, and supporting and encouraging peer interactions;
- demonstrating understanding of group dynamics, common stages observed in group therapy; and effective interventions for progress-blocking behaviors when they emerge; and
- observing mentors in group settings, and developing a personal group therapy interaction style.

FELLOW DIDACTICS AND TRAINING SEMINARS

POSTDOCTORAL FELLOW DIDACTICS

Several hours each month are designated for attendance at required didactic activities. Attendance and participation in these activities takes precedence over service delivery activities or other meetings. In addition to didactics, there are many opportunities for participation in grand rounds, colloquia and continuing education activities sponsored by the Hospital.

DIALECTICAL BEHAVIOR THERAPY CONSULTATION

Fellows are expected to participate in the weekly multidisciplinary DBT case consultation meeting.

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

SUPERVISION SEMINAR (“SUPERVISION SQUARED”)

In addition to regular supervision by your rotation supervisor, this seminar will include readings and discussions highlighting issues in clinical supervision.

PRESENTATIONS

Postdoctoral Fellows will have multiple opportunities throughout the year to provide presentations.

Psychology intern didactic series

Fellows will develop presentation and teaching skills by preparing and delivering at least two independent seminars for the Psychology Intern Didactic Series. Fellows will review the topics that have been presented in the past, and try to offer training that will contribute meaningfully to the series.

Publication Club

Publication “Pub” Club is an informal gathering of interns, postdoctoral fellows, and professional staff to critically evaluate recent peer reviewed articles in the scientific literature. Postdoctoral fellows will rotate in selecting an article of interest and leading a discussion based on the article. Fellows should provide a copy of the article to participants for review prior to the meeting.

Grand Rounds Presentation

Fellows are responsible for delivering a formal grand rounds presentation to the Utah State Hospital healthcare community. Fellows may present at a conference, in place of a doing a grand rounds presentation.

RESEARCH

Participation in clinical research is an *optional* part of the Utah State Hospital Fellowship learning experience. The focus of the Fellowship training is the development of applied skills. Nevertheless, a primary value and goal of the training program and the Hospital itself is the enhancement and extension of the clinical knowledge base as it pertains to individuals with severe mental illness. Each full-time Fellow may be afforded up to four hours of on-site research-related activities per week. The allotment of research time will be determined by the Fellowship training faculty. Examples of recent research conducted include the following: implementation of the Group Questionnaire to measure group leader effectiveness and group cohesion, and the development of a pediatric outcome measure.

SUPERVISION

During the training year, Fellows receive individual supervision from their clinical rotation supervisors (at least two hours per week). An hour of individual therapy supervision is provided at least every-other-week, and on alternating weeks you will receive an hour of supervision as a group for supervision cases (supervision squared). Individual supervision for group therapy groups facilitated by the Fellow occurs at least every-other-week. Additionally, weekly DBT case consultation meetings provide supervision from peers, psychology staff, and members of patients’ treatment teams. Fellows also meet with the Director of Training periodically to discuss progress, supervision, and training issues.

EVALUATION

During orientation activities at the beginning of the Fellowship, Fellows complete a self-assessment survey estimating their baseline skills in various clinical and professional areas. This self-evaluation is reviewed by the Fellow's rotation supervisors to help determine training needs, and is then reviewed by the Director of Training. The self-evaluation form is similar in format and content to the written evaluations that are completed by supervisors (at mid-rotation and rotation completion) during the Fellowship, and the Fellow's responses help to provide a point of comparison for assessing skill acquisition throughout the year. In addition to written supervisor evaluations, the psychology staff meets at least once per month to discuss each Fellow's progress. At the end of the training experience, each Fellow will, once again, complete an outcome self-assessment to measure their own progress.

Fellows evaluate supervisors and rotations at the completion of each rotation. Evaluations are discussed with supervisors and returned to the Director of Training. The quality and usefulness of didactic training and experiences are also rated by Fellows throughout the year. Upon completion of the Fellowship, Fellows complete a program survey in addition to offering verbal feedback as part of the annual Fellowship program review, evaluating the Fellowship experience as a whole. The Fellowship also seeks alumni input from Fellows of the previous year to give them an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the Fellowship in preparing them for professional experiences.

PROFESSIONAL COMPETENCY DEVELOPMENT

Consistent with the "culture of competence" (Roberts, Borden Christiansen, & Lopez, 2005) in professional psychology, the Utah State Hospital Post-Doctoral Psychology Fellowship program provides training in the following Core Competency Domains:

FOUNDATIONAL COMPETENCIES

These competencies represent the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out (how we do what we do).

- Relationships – the capacity to relate meaningfully and work effectively with individuals, groups, and/or communities.
- Ethical and Legal Standards – able to integrate ethical and legal standards into competent and professional interactions.
- Reflective Practice and Self-Assessment – reflective and professional practice conducted within the boundaries of competence, and commitment to lifelong learning, critical thinking, and the development of the profession.
- Scientific Knowledge and Methods – the ability to understand and integrate science into practice across domains (e.g., biological and cognitive bases of behavior, lifespan issues).
- Interdisciplinary Systems – identification, knowledge, and cooperative involvement with one's colleagues and peers.
- Individual and Cultural Diversity – awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds.

FUNCTIONAL COMPETENCIES

These competencies represent major functions that a psychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolution (what we do).

- Assessment – assessment, diagnosis, and conceptualization of problems and issues associated with individuals, groups, and/or organizations.
- Intervention – interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
- Consultation – expert guidance or professional assistance in response to the needs/goals of individuals, groups, and/or organizations.
- Research/Evaluation – the generation of research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
- Supervision/Teaching – supervision, training, and/or evaluation of the professional knowledge base.

STATEMENT OF DIVERSITY

The Utah State Hospital Psychology Department strives to provide an optimal working and learning environment for all faculty and Fellows stressing the importance of cultural and individual diversity in its Fellowship training program. This includes a commitment to recruiting, retaining, and enhancing the growth of psychology Fellows and faculty to represent various aspects of diversity, including but not limited to age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and socioeconomic status. To that end, the Utah State Hospital psychology department's goals regarding diversity are:

- To recruit and retain diverse Fellows and faculty
- To enhance diversity awareness and advocacy within the department, on campus, and in the surrounding community
- To promote the infusion of diversity into education and training

Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

Information of Interest to Applicants with Disabilities

Applicants with disabilities are encouraged to apply to our program. We can accommodate a variety of physical disabilities, including disabilities requiring manual and motorized wheelchair accessibility.

Information of Interest to Minority Applicants

We strive to have Fellowship classes that vary in terms of geography, age, socioeconomic background, gender, and race/ethnicity. The training faculty has diverse interests, personal, and professional backgrounds. Moreover, Utah is welcoming of other forms of diversity including a large and active gay, lesbian, bisexual, and transgendered community.

Diversity advancement is a strong priority for our program. Diversity issues are integrated into didactic and clinical training. One measure of this diversity is Utah State Hospital interpreter service provides interpreters for over 170 languages.

Fellowship training faculty would be pleased to speak with applicants further about any particular diversity resources or aspects of the Utah or local community that are of interest.

FELLOWSHIP STIPEND

The Utah State Hospital psychology Fellowship offers two full-time Post-Doctoral Fellowship positions. Fellows are paid a stipend of \$36,212.80. All Fellowship positions are for an uninterrupted, 12-month period beginning September 1st and ending August 31st the following year. Fellows are provided with health and dental insurance. In addition to health insurance, fellows are able to take advantage of many opportunities that are available to hospital personnel, including a free public transportation pass, use of on-campus recreational facilities, discount tickets to area attractions, free vaccinations, travel discounts, computer training, free hospital parking, and access to counseling through the Employee Assistance Program.

FELLOWSHIP MEMBERSHIP STATUS

The Utah State Hospital's Psychology Post-Doctoral Fellowship Program in Clinical Psychology has applied for membership from the Association of Psychology and Postdoctoral Interns Center (APPIC).

APPIC Central Office
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Fax: (832) 284-4079
appic@appic.org

FELLOWSHIP FACULTY

The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, and psychologists, all work closely together. Psychologists are valued contributors to the treatment teams. There is a positive interdisciplinary, collegial relationship among members of the various disciplines. Staff members involved with the Post-Doctoral Fellowship Program in Clinical Psychology includes the following:

POST-DOCTORAL FELLOWSHIP TRAINING STAFF

Ted R. Barratt, Ph.D.

California School of Professional Psychology (2004), Clinical Psychology

Licensed Psychologist: Utah (2006 - present)

Current Position: Utah State Hospital, Psychology Training Director and Staff Psychologist

Interests: Psychological Assessment, Personality Disorders, Treatment of Sexual Offenders, Health/Medical psychology.

Orientation: Cognitive-Behavioral

Douglas Benson, Psy.D.

Pepperdine University (2007), Clinical Psychology

Licensed Psychologist: Utah (2008 - present)

Current Position: Utah State Hospital, Director of Psychology

Interests: Psychological Assessment, PTSD/Complex Trauma Treatment, Personality Disorders, Dialectical Behavior Therapy, Behavior Management, and Neuropsychology

Orientation: Cognitive-Behavioral/Behavioral

PSYCHOLOGY DEPARTMENT STAFF

Sharelle Baldwin, Ph.D.

Nova Southeastern University (2006), Clinical Psychology with emphasis in Forensic and Neuropsychology
University of California, Davis Medical Center Department of Neurology, Post-doctoral Fellow (2008)

Licensed Psychologist: Utah (2010-present)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Neuropsychological Assessment, Forensic Assessment, Baseline Cognitive Assessment to Track Disease Progression/Recovery, Medicolegal Issues, Malingering, Traumatic Brain Injury

Orientation: Cognitive-Behavioral Therapy, Group Therapy Process.

Amy Bray, Psy.D.

Azuza Pacific (2012), Clinical Psychology

Licensed Psychologist: Utah (2013 - present)

Current Position: Utah State Hospital, Staff Forensic Psychologist

Interests: Forensic Evaluations, Juvenile Competency, Trauma and Reliance, Psychopathy, Treatment and Assessment of Sexual Offenders, Competency to Stand Trial, Malingering.

Orientation: Psychodynamic

Thad Q. Lloyd, Ph.D.

Brigham Young University (2010), Clinical Psychology

Licensed Psychologist: Utah (2011 - present)

Current Position: Utah State Hospital, Neuropsychologist

Interests: Neuropsychological Assessment, Developmental Disabilities, Cognitive Rehabilitation, Attachment, Dialectical Behavior Therapy

Orientation: Behavioral, Neurocognitive Enhancement

Jennifer Morrill, Ph.D.

University of Utah (2003), Counseling Psychology

Licensed Psychologist: Utah (2006 - present)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Psychological assessment, Individual and Family Psychotherapy, Psychological Adjustment to and Coping with Physical Disability

Orientation: Cognitive-Behavioral, Interpersonal, Psychodynamic, Systems

Andrew J. Nichols, Ph.D.

University of Louisville (2011), Counseling Psychology

Mount Sinai School of Medicine (2013), Clinical Neuropsychology and Rehabilitation Research Fellowship

Licensed Psychologist: Utah (2013 – present); New York (2012 – present)

Current Position(s): Utah State Hospital, Adult Neuropsychologist

Interests: Neuropsychological Assessment; Traumatic Brain Injury; Cognitive Remediation; Emotional Dysregulation after Brain Insult; Developmental Disabilities; Gender Differences in Sport Concussion.

Orientation: Cognitive Behavioral

Brian Partridge, Psy.D.

University of the Rockies, Colorado School of Professional Psychology (2006), Clinical Psychology

Licensed Psychologist: Utah (2008 - present)

Current Position: Utah State Hospital, Staff Forensic Psychologist

Interests: Forensic Psychology, Evaluation of Competency to Stand Trial (juveniles and adults), Use of the PAI, Malingering (Neuropsych. and psychopathology), Multicultural Issues, Sex Offender Assessment, Individual Psychotherapy

Orientation: Integrative (Cognitive-Behavioral, Systems, Psychodynamic, Humanistic)

Amanda L. Rapacz, Psy.D.

Illinois School of Professional Psychology-Argosy University (2013), Clinical Psychology

Licensed Psychologist: Utah (2013 – present);

Current Position: Utah State Hospital, Staff Psychologist

Interests: Psychological Assessment, Rorschach, Personality Disorders, Evidence Based Treatment for Posttraumatic Stress Disorder

Orientation: Dialectical Behavior Therapy, Cognitive Behavioral Therapy

Frank M. Rees, Ph.D.

Brigham Young University (1987), Clinical Psychology

Licensed Psychologist: Utah (1988 - present)

Current Position(s): Utah State Hospital, Assistant Clinical Director

Interests: Pediatric Psychology, Forensic Psychology, Outcome Measurement, Individual Psychotherapy, Group Psychotherapy, Psychological Assessment

Orientation: Cognitive-Behavioral, Psychodynamic

Marc Steed, Ph.D.

University of Cincinnati (2005), Clinical Psychology-Neuropsychology Track

Licensed Psychologist: Utah (2007-present)

Current Position(s): Utah State Hospital, Pediatric Neuropsychologist

Interests: Neuropsychological assessment across the lifespan (child, adolescent, adult, geriatric); Developmental disabilities, Traumatic brain injury; Epilepsy; Sport concussion; Somatoform disorders; Functional and Quantitative neuroimaging; Cognitive rehabilitation; Medical and health psychology.

Orientation: Cognitive-behavioral

CONSULTING PSYCHOLOGISTS AT UTAH STATE HOSPITAL

Gary M. Burlingame, Ph.D.

University of Utah (1983), Counseling Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1996 - present)

American Group Psychotherapy Association, Research Committee (1995 - present)

Interests: Group Psychotherapy Research and Practice, Measurement, Psychotherapy Outcome, and Research Design

Orientation: Experiential, Psychodynamic

CONTRIBUTING MENTAL HEALTH PROFESSIONALS AT UTAH STATE HOSPITAL

Madhumathy Gundlapalli, M.D.

University of Connecticut Health Center (1997), Residency

Yale University (1998), Geriatric Fellowship

Licensed Physician: Utah (1998 - present)

Current Position(s): Utah State Hospital, Clinical Director

Interests: Neurological and Health Concerns of the Mentally Ill

Orientation: Psychopharmacological and Therapeutic

Paul D. Whitehead, M.D.

University of Utah School of Medicine (1994)

Yale University (1998), Psychiatry Residency

Licensed Physician: Utah (1995 - present)

Current Position(s): Utah State Hospital, Psychiatrist (2000 - present)

Interests: Forensic Psychiatry, Consultation-liaison Psychiatry, History of Medicine, Teaching,
Psychopharmacology

Orientation: Eclectic, Primarily Psychodynamic

Appendix

Grievance Policy

Nepotism Policy

Time Away from Training Policy

Grievance Procedures for Post-Doctoral Psychology Fellows

Updated January 14, 2014

The Department of Psychological Services at the Utah State Hospital (USH) provides procedures that enable students, interns and Fellows to address issues of conflict including but not limited to disagreements regarding progress evaluations, harassment, plagiarism, impairment issues or conflicts with supervisors.

This document contains Psychology Services' processes, which are in addition and subordinate to the State of Utah grievance procedures. The Psychology Services grievance process is outlined below, and is applicable to any graduate psychology student, pre-doctoral psychology interns or Post-Doctoral Fellow (henceforth referred to as Fellow) who is supervised by a USH staff member, Director of Psychology Services, or Training Director (TD).

- Step 1 When a Fellow has a grievance against a staff member, the Fellow is strongly encouraged to first attempt a verbal resolution of the conflict with the staff member. An exception to this policy is made if the Fellow believes confrontation with the staff member may result in intimidation, threats, or further harassment or otherwise place the Fellow at risk of harm. In that situation, the Fellow may communicate the nature and extent of the problem directly to Director of Psychology Services or the Psychology TD.
- Step 2 If the Fellow is dissatisfied with the attempt to verbally resolve the grievance directly with the involved psychology staff member, the Fellow will then submit (1) a written grievance to the Director of Psychology Services and (2) a written summary of the attempt to resolve the grievance with the staff member (within seven working days of the failed verbal meeting). If the grievance is regarding the Director of Psychology Services, then the written grievance may be addressed to the Assistant Clinical Director of USH. [Note that in the rare event that the Assistant Clinical Director is serving as Acting Director of Psychology Services, then the Clinical Director would be available to act in the stead of Assistant Clinical Director for the purposes of this document.]
- Step 3 Upon receiving the Fellow's written grievance, the Director of Psychology Services will request (within three working days) that the staff member involved in the grievance submit a written version of the issue and attempted verbal grievance resolution back to the Director of Psychology Services within seven working days.
- Step 4 Upon receiving the staff member's written response to the grievance, the Director of Psychology Services may do one of two things within three working days of receiving the written response: (1) Make a written response that is delivered to both the Fellow and the staff member, or (2) Request that both the Fellow and staff member meet with the Director of Psychology Services in an attempt to resolve the grievance.
- Step 5 If either the Fellow or staff member feel a written response from the Director of Psychology Services is unsatisfactory; the unsatisfied person may notify the Director of Psychology Services in writing within three working days and then make a written grievance to the USH Assistant Clinical Director. The USH Assistant Clinical Director will respond in writing within seven working days.

- Step 6 If the grievance continues to remain unresolved, the unsatisfied party can refer to the attached document “A Guide to the State Employees’ Grievance and Appeal Procedures” or refer to www.csr.b.utah.gov for further information.

The Department of Psychology Services at the USH strives to provide fair, informal, and prompt means of settling disputes without coercion, restraint or reprisal.

Further information may be obtained by contacting the Director of USH Human Resources (Bethany Alsobrook 801-344-4568).

IDENTIFICATION AND MANAGEMENT OF FELLOW PROBLEMS/IMPAIRMENT

I. Definition of Impairment

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: (1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (2) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or (3) an inability and/or unwillingness to control personal stress, strong emotional reactions which interfere with professional functioning.

II. Definition of Problem

A problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. the Fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training;
3. the quality of services delivered by the Fellow is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or
6. the trainee's behavior does not change sufficiently as a function of feedback, remediation efforts, and/or time.

III. Remediation and Sanction Alternatives

The TD and staff members have several levels of corrective response alternatives available to deal with Fellow problems and impairment. In order for a corrective action to be implemented, the TD must be fully apprised of the problem and both the Fellows’ rotation supervisor(s) and the TD must agree that the problem warrants formal intervention and must agree upon the level of intervention to be taken. *A level of intervention will be chosen from the following list depending upon the nature and seriousness of the problem.*

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

1. Verbal Warning to the Fellow emphasizes the need to discontinue the inappropriate impairment or problem under discussion. Written documentation of the verbal warning may be kept by the Fellow's supervisor and/or TD.

2. Written Acknowledgment to the Fellow formally acknowledges:
- a) that the TD is aware of and concerned with the performance rating,
 - b) that the concern has been brought to the attention of the Fellow,
 - c) that the supervisor(s) and/or TD will work with the Fellow to rectify the problem or skill deficits, and
 - d) that the impairment or problem associated with the rating is not significant enough to warrant more serious action.

A copy of this letter will be kept in the Fellow's file.

3. Written Warning to the Fellow indicates the need to address an impairment or problem. This action, and reason(s) for the action, may be communicated to the Fellow's academic department by the TD. A copy of this letter will be kept in the Fellow's file, which will contain:

- a) a description of the Fellow's unsatisfactory performance,
- b) actions required by the Fellow to correct the unsatisfactory performance,
- c) the timeline for correcting the problem,
- d) what action may be taken if the problem is not corrected, and
- e) notification that the Fellow has the right to request a review of this action.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the Fellow to a more fully functioning state. Modifying a Fellow's schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the Fellow will complete the Fellowship. This period will include more closely scrutinized supervision conducted by the rotation supervisor(s) in consultation with the TD. The length of a schedule modification period will be determined by the TD in consultation with the rotation supervisor(s) and the Director of Psychology Services. The termination of the schedule modification period will be determined, after discussion with the Fellow, by the TD, rotation supervisor(s), and the Director of Psychology Services. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, and may include the following:

- a) increasing the amount of supervision, either with the same or other supervisors,
- b) changing the format, emphasis, and/or focus of supervision (which may include, but not be limited to, additional required readings, additional training assignments, etc.),
- d) reducing the Fellow's clinical or other workload,
- e) extending the length of Fellowship training, and/or
- f) requiring specific academic coursework or other intervention (to be paid for by the Fellow).

5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the Fellow to complete the Fellowship and to return the Fellow to a more fully functioning state. Probation defines a Fellow's status that the TD systematically monitors for a specific length of time, the degree to which the Fellow addresses the impairment or problem associated with the inadequate rating. The Fellow is informed of the probation in a written statement which includes the following:

- a) identification of the specific impairment associated with the unacceptable rating,
- b) actions required for rectifying the problem,

- c) the timeframe for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been adequately rectified.

If the TD determines that there has not been sufficient resolution of the Fellow's impairment or problem to remove the Probation or modified schedule, then the TD will discuss the issue with the rotation supervisor(s) and the Director of Psychology Services. The TD will communicate, in writing, to the Fellow that the condition(s) for revoking the Probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period, or implementation of another alternative. Additionally, the TD will communicate to the Director of Psychology Services that if the Fellow's impairment or problem is not sufficiently resolved, the Fellow will not successfully complete the Fellowship.

6. Suspension of Direct Service Activities requires a determination that the welfare of the person for whom the Fellow is providing professional services has been jeopardized, or is likely to become jeopardized. Once this determination has been made, direct service activities will be suspended for a period as determined by the TD in consultation with the Director of Psychology Services. At the end of the suspension period, the Fellow's rotation supervisor(s), in consultation with the TD and the Director of Psychology Services, will assess the Fellow's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Fellowship, this will be noted in the Fellow's file. The TD will inform the Fellow of the effect the Administrative Leave will have on the Fellow's stipend and other benefits.

8. Dismissal from the Fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, result in a rectification of the problem or impairment and the trainee seems unable or unwilling to resolve her/his impairment or problem, the TD will discuss with the Director of Psychology Services the possibility of termination from the training program and dismissal from the agency. Either Administrative Leave or Dismissal from the Fellowship would occur in cases of severe violation of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when remediation efforts have not resulted in adequate resolution of a problem or impairment, or when the Fellow is unable to complete the Fellowship within a reasonable timeframe.

IV. Procedures for Responding to Inadequate Performance by a Fellow

If a Fellow's performance is deemed inadequate by a rotation supervisor, or by another member of the faculty, or if the USH staff member has concerns about a Fellow's behavior (ethical or legal violations, professional incompetence) the following process will be initiated:

1. The staff member will consult with the TD to determine if the behavior in question is being rectified, and the TD will determine if there is reason to take further action.
2. If the staff member who brings the concern to the TD is not the Fellow's rotation supervisor, the TD will discuss the concern with the Fellow's rotation supervisor(s).

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

3. If the TD and rotation supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought about the complaint.
4. The TD will meet with the USH psychology faculty to discuss the performance rating or the concern.
5. The TD will meet with the Director of Psychology Services and, if deemed appropriate, the Assistant Clinical Director to discuss the concern and possible course of action to be taken to address the issue.
6. The TD, rotation supervisor(s), and Director of Psychology Services may meet to discuss possible courses of action.
7. Whenever a decision has been made by the Director of Psychology or TD about a Fellow's training program or status in the agency, the TD will inform the Fellow in writing and will meet with the Fellow to review the decision. This meeting may include the Fellow's rotation supervisor(s). This notification can include a discussion of possible concern(s) regarding the Fellow's inadequate performance, problem, or impairment, a discussion of specific action taken to address the concern(s), progress being made by the Fellow, and/or exchange of other information deemed relevant to the Fellow's training.
8. The Fellow may choose to accept the condition(s) or may choose to appeal corrective or remedial action. The process for appealing corrective or remedial action is presented below.

V. Due Process: General Guidelines

Due process ensures that decisions about Fellows are not arbitrary or unfairly biased. It requires that the Training Program identify specific evaluative processes that are applied to all trainees, and provide appropriate appeal processes available to the Fellow. All steps need to be appropriately documented and implemented. General due process guidelines include the following:

1. During the orientation period, the Fellows are presented, in writing, with the Program's expectations related to professional functioning and performance (e.g., copies of rotation evaluation forms, case presentation evaluation forms, and other indicated material), and these materials are reviewed in detail during Fellow orientation. As materials are updated, Fellows will be provided with copies of the updates in a timely fashion.
2. Processes for evaluation are explained during orientation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals as determined by the TD.
3. Articulating the various processes and actions involved in making decisions regarding impairment.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies in a sufficient manner.
5. Ensuring that Fellows have sufficient time, as outlined in this document, to respond to any action taken by the program.
6. Documenting, in writing and to all relevant parties, the actions taken by the Program and its rationale.

VI. Due Process:

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

Due process allows all relevant parties to have mutual understanding of procedures to address potential impairments, problems, or other issues of concern in a timely and thorough fashion. When a matter cannot be resolved between the TD and Fellow or staff, the steps to be taken are listed below.

A. Grievance Process

There are two situations in which grievance processes can be initiated. A Fellow can dispute the action taken by the TD or a staff member, or a member of the training staff may initiate action against a Fellow. These situations are described below.

Fellow Grievance Process: If a Fellow wishes to formally dispute any action taken by the TD or staff member, the Fellow must, within five working days of receipt of the grievance, inform the TD, in writing, of the dispute. When a dispute is made, the Fellow must provide the TD information supporting the Fellow's position or concern. Within three working days of receipt of this notification, the TD will consult with the Director of Psychology Services and will implement Review Panel processes as described below.

Staff Grievance Process: If a training staff member has a specific Fellow concern that is not resolved by the TD, the staff member may seek resolution of the conflict by written request to the TD for a review of the Fellow's behavior. Within three working days of receipt of the staff member's review request, the TD will consult with the Director of Psychology Services and a Review Panel will be convened.

B. Review Panel and Process

1. When needed, a review panel will be convened by the Director of Psychology Services. The panel will consist of three staff members selected by the Director of Psychology Services with recommendations regarding staff selection made by the TD and the Fellow involved in the dispute. If the TD and/or Director of Psychology Services were involved in the grievance, then the Assistant Clinical Director would convene over the panel comprised of staff not involved in the grievance. The Fellow and staff member involved in the grievance have the right to hear all facts with the opportunity to dispute or expound upon the issue of dispute.

2. Within five working days, a hearing will be conducted in which the dispute is heard and relevant material presented. Within three working days of the completion of the review, the Review Panel submits a written report to the Director of Psychology Services (or Assistant Clinical Director if Director of Psychology Services is involved in the dispute), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three working days of receipt of the recommendation, the Director of Psychology Services will either accept or reject the Review Panel's recommendations. If the Director of Psychology rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Psychology Services may refer the matter back to the Review Panel for further deliberation and revised recommendations, or revise the Review Panel's recommendation to arrive at a final decision.

4. If referred back to the panel, the Review Panel will report back to the Director of Psychology Services within five working days of the receipt of the Director of Psychology Services' request for further deliberation. The Director of Psychology Services then makes a final decision regarding what action is to be taken.

5. The Director of Psychology Services, with the TD Present, informs the Fellow of the decision(s) made.

UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

6. If the Fellow disputes the Director of Psychology Services' final decision (or that of the Assistant Clinical Director), both the Fellow and staff member have the right to contact/seek consultation with persons from the Association of Psychology Postdoctoral and Fellowship Centers (APPIC) as appropriate.

Nepotism Policy

Consistent with the Utah State Hospital's (USH's) and Department of Human Services's (DHS's) operational policies and procedures, the Psychology Discipline does not employ individuals in staff or Fellow positions where they would supervise or be supervised by a relative, or where they would work within the same clinical treatment team or unit.

Procedure

1. Relatives are defined as: father, mother, husband, wife, son, daughter, sister, brother, uncle, aunt, niece, nephew, first cousin, grandparents, grandchildren, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, step-children, step-parents, step-brother, or step-sister.
2. Relatives of the Superintendent, Hospital Clinical Director, Assistant Superintendent, and Assistant Hospital Clinical Director may not be hired for any position within the hospital, including staff or Fellow positions within the Psychology Discipline.
3. If a relative is already working with the Psychology Discipline, the following criteria must be observed in order for an individual to be hired into a staff or Fellow position:
 - a. The related staff member or Fellow may not participate in the hiring, interviewing, or selection process of the relative who is seeking employment with the Psychology Discipline.
 - b. The related staff members and/or Fellows must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - c. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. If staff members and/or Fellows become related due to marriage, the following criteria must be observed in order for the individuals to continue their clinical duties within the discipline:
 - a. The related staff members and/or Fellows must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - b. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. Exceptions to this policy are granted in accordance with UCA 52-3-1.
 - a. The Hospital Superintendent must approve all requested exceptions.

**Utah State Hospital Psychology Fellowship
Time Away from Training Policy**

Updated June 2013

The Utah State Hospital (USH) Fellowship Program provides the opportunity for Fellows who successfully complete the Fellowship to receive a minimum of 2000 total training hours, which would facilitate meeting licensure requirements in virtually all states within the U.S. It is the responsibility of each Fellow to ensure that adequate training hours are achieved and documented to meet the licensure requirements of the jurisdiction(s) in which licensure is desired. Fellows will need to average 40 hours of work per week to meet the 2000-hour minimum. Time spent at professional conferences and interviews (as consistent with your training goals) would count towards the 2000 hours. Fellows are not required to work on the 11 state/federal holidays, although they may choose to work some of this time as long as they are not directly interacting with patients (unless their supervisor is on USH grounds). Up to eight “discretionary days” away from training can be requested during the year; Fellows are encouraged to use discretionary days judiciously to ensure their availability in the event of an unanticipated emergency or special event (e.g., illness, funeral, wedding, etc.). The USH full-time Fellowship is a 12-month experience from the first workday in September through the last workday in August the following year. Fellows are expected to remain at the Fellowship site through the last workday of August. Note that no “discretionary days” can be used during the last week of Fellowship. Extenuating circumstances requiring a Fellow to be away from training more than the aforementioned days would be evaluated on a case-by-case basis, and the possibility of extending a specific Fellow’s Fellowship beyond a year to enable him or her to meet a minimum of 2000 training hours and competencies may be considered by the USH psychology faculty.